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| | Date | <u>2/27/2007</u> /Pamela Gerik/ Date Pamela Gerik | | | | | | | |
| APPLICATION NO. FILING DATE FIRST | | | NAMESIN | AMES INVENTOR | | ATTORNEY DOCKET NO. CONFIRMATION NO. | | | |
| 10/786,440 | | | ugene Y. Chen | | T | 5298-13201 SMS02012 | | 4886 | |
| | | | | | | | | mros: | |
| TITLE OF INVENTION: MAGNETIC MEMORY CELL JUNCTION AND METHOD FOR FORMING A MAGNETIC MEMORY CELL JUNCTION AND METHOD FOR F | | | | | | | | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | Pi | UBLICATION FEE | F | PREV. PAID ISSUE FEE | TOTA | . FEE(S) DUE | DATE DUE |
| nonprovisional | NO | \$1400 | | \$300 | | \$0 | | \$1700 | 02/28/2007 |
| EXAMINER | | ART UNIT | CLASS-SUBCLASS | | | | | | |
| Ngo, Ngan V. 2818 | | | 43 | 8-690000 | | | | | |
| ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SM/47) | | | | For printing on the patent front page, list to the manse of up to a registered patent tempes or agents OR, alternatively, (2) the manse of up to a registered patent was a sea member a agistered altomeye or agent) and the names of the printed or a registered altomeye or agent at moneye or agent, no name is listed, no name will be printed. Mollie E. Lettang Mollie E. Lettang | | | | | |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PILASE NOTE: Unless an assignce is identified below, no assignee data on will appear on the potent. Inclusion of assignee data is only appropriate when as assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filling an assignment. (A) NAME OF ASSIGNEE: Cypress Semiconductor Corp. (B) RESIDENCE (CITY & STATE OR COUNTRY): San Jose, CA | | | | | | | | | |
| Please check the appropriate assignee category indicated below (will not be printed on the patent): 🔲 individual 🛛 corporation or other private group entity | | | | | | | | | |
| 4a. The following fees are enclosed: 4b. Payment of Fee(s):: | | | | | | | | | |
| ☑ Issue Fee ☑ Payment is enclosed herewith. | | | | | | | | | |
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| a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. | | | | | | | | | |
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| Authorized Signature | February 27, 2007 tion No. 34,146 | | | | | | | | |

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